

November 14, 1995

David Werdegar, M.D., M.P.H.  
Director  
Health Policy and Planning Division  
Office of Statewide Health Planning and Development  
1600 9th Street, Room 400  
Sacramento, CA 95814

Dear Dr. Werdegar:

Thank you for the opportunity to comment on the California Hospitals Outcomes Project. Mercy Hospital & Health Services welcomes the opportunity to discuss the quality of our care and services.

In reviewing our hospital specific data for acute myocardial infarction, we note that we met the expectations of Model A. Within Model B, we note that we received the rating of "significantly worse than expected." However, careful review finds that we are within the expected outcome ranges at the 95% confidence level for expected statewide averages. This may be clarified by stating that we were somewhat higher than the overall statewide average, but still within the expected ranges. Several factors may contribute to our ranking: 1) all but two of the patients within this study were over 70 years of age, and, 2) in comparison to all of the hospitals in Merced County, we serve the highest number of the Medicare population. Therefore, these findings would be consistent with a patient population skewed to an older median age.

Our medical staff departments vigorously review every adverse outcome within our facility for appropriate case management and opportunities for improvement. We have a continuous quality monitoring system that provides ongoing review and supports our efforts to meet and exceed quality care standards. In addition, we take an active role in ensuring that our patients have access to post hospital care, furthering our commitment to a continuum of care.

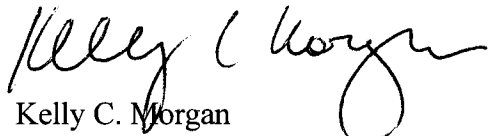
As mentioned in your report summary, this information does not always provide a precise picture of how sick the patient was upon admission. In addition, outcomes are difficult to compare across hospitals because different hospitals treat different types of patients. Hospitals with high death or complication rates may have sicker patients than other hospitals serving the same community. Severity of illness is difficult to measure, especially when detailed clinical data are not available.

David Werdegar  
California Hospitals Outcomes Project

We believe that outcomes information is useful to health care clinicians and administrators as an additional tool to analyze the quality and appropriateness of services provided. To be of benefit to the public, outcomes data should be used as one facet of many factors which may be used to judge overall hospital performance with regard to quality of care.

Again, thank you for the opportunity to present this response.

Sincerely,



Kelly C. Morgan  
President and Chief Executive Officer